

REPORT OF CONDITION FOR TRUST COMPANIES

NAME OF INSTITUTION: _____

FOR THE PERIOD ENDING: _____

Report of Condition must be reported on a calendar year-to-date basis in thousands of dollars.

ASSETS		Dollar Amounts In Thousands	
1.	Cash and balances due from depository institutions:		
a.	Noninterest-bearing balances and currency and coin ¹		1.a
b.	Interest-bearing balances ²		1.b
2.	Securities		
a.	Held-to-maturity securities		2.a
b.	Available-for-sale securities		2.b
3.	Federal funds sold and securities purchased under agreements to resell:		
a.	Federal funds sold in domestic offices		3.a
b.	Securities purchased under agreements to resell ³		3.b
4.	Loans and lease financing receivables:		
a.	Loans and leases held for sale		4.a
b.	Loans and leases, net of unearned income		4.b
c.	LESS: Allowance for loan and lease losses		4.c
d.	Loans and leases, net of unearned income and allowance (Item 4.b minus 4.c)	0	4.d
5.	Trading assets		5.
6.	Premises and fixed assets (including capitalized leases)		6.
7.	Other real estate owned		7.
8.	Investments in unconsolidated subsidiaries and associated companies		8.
9.	Direct and indirect investments in real estate ventures		9.
10.	Intangible assets:		
a.	Goodwill		10.a
b.	Other intangible assets		10.b
11.	Other assets		11.
12.	Total assets (sum of Items 1 through 11)	0	12.

¹ Includes cash items in process of collection and unposted debits.

² Includes time certificates of deposit not held for trading.

³ Includes all securities resale agreements in domestic and foreign offices, regardless of maturity.

NAME OF INSTITUTION:

FOR THE PERIOD ENDING:

LIABILITIES		Dollar Amounts In Thousands
13. Deposits:		
a. In domestic offices		
(1) Noninterest bearing ¹		13.a.(1)
(2) Interest-bearing		13.a.(2)
b. In foreign offices, Edge and Agreement subsidiaries, and IBFs		
(1) Noninterest bearing		13.b.(1)
(2) Interest-bearing		13.b.(2)
14. Federal funds purchased and securities sold under agreements to repurchase:		
a. Federal funds purchased in domestic offices ²		14.a
b. Securities sold under agreements to repurchase ³		14.b
15. Trading liabilities		15.
16. Other borrowed money (includes mortgage indebtedness and obligations under capitalized leases)		16.
17. <i>Not applicable</i>		
18. <i>Not applicable</i>		
19. Subordinated notes and debentures ⁴		19.
20. Other liabilities		20.
21. Total liabilities (sum of items 13 through 20)	0	21.
22. <i>Not applicable</i>		22.

EQUITY CAPITAL

23. Perpetual preferred stock and related surplus		23.
24. Common stock		24.
25. Surplus (exclude all surplus related to preferred stock)		25.
26. a. Retained earnings		26.a
b. Accumulated other comprehensive income ⁵		26.b
c. Other equity capital components ⁶		26.c
27. a. Total institution equity capital (sum of Items 23 through 26.c)	0	27.a
b. Noncontrolling (minority) interests in consolidated subsidiaries		27.b
28. Total equity capital (sum of Items 27.a and 27.b)	0	28.
29. Total liabilities and equity capital (sum of Items 21 and 28)	0	29.

¹ Includes total demand deposits and noninterest-bearing time and savings deposits.

² Report overnight Federal Home Loan Bank advances in Item 16 -"Other borrowed money."

³ Includes all securities repurchase agreements in domestic and foreign offices, regardless of maturity.

⁴ Includes limited-life preferred stock and related surplus.

⁵ Includes net unrealized holding gains (losses) on available-for-sale securities, accumulated net gains (losses) on cash flow hedges, cumulative foreign currency translation adjustments, and minimum pension liability adjustments.

⁶ Includes treasury stock and unearned Employee Stock Ownership Plan shares.

PLEASE NOTE: THE FOLLOWING SIGNATURE PAGE *MUST BE COMPLETED AND SIGNED* IN ACCORDANCE WITH TITLE 5 OF THE DELAWARE CODE.

NAME OF INSTITUTION:

FOR THE PERIOD ENDING:

OFF BALANCE SHEET ITEMS

List types and amounts (i.e., commitments, letters of credit, futures contracts, etc.)

I hereby declare that this Report of Condition is true and correct to the best of my knowledge and belief.

Print Name

Signature

Title

Phone Number

Email Address

We, the undersigned directors, attest to the correctness of this statement of condition. We declare that it has been examined by us and, to the best of our knowledge and belief, is true and correct.

Director's signature

Director's signature

Print Name

Print Name

Report must be submitted to: **Office of the State Bank Commissioner**
555 E. Loockerman Street - Suite 210
Dover, DE 19901

Report must be submitted within 30 days after the end of the reporting period.